

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM **470**

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

November 4, 2014

☐ **Amendment** (Explain Below)

Date Stamp
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14 OCT -6 P3:18

1. Statement Covers Calendar Year 20 14 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Healey

STREET ADDRESS

CITY

STATE

ZIP CODE

Lake Forest

CA

92630

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lake Forest City Council

JURISDICTION (LOCATION)

Lake Forest, CA

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

Not applicable

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

10/6/2014

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE